



DEPARTMENT OF MIGRANT WORKERS  
**MIGRANT WORKERS OFFICE**  
WASHINGTON, D.C.



MWO-WDC EF

**EMPLOYEE INFORMATION FORM**

1. Name : \_\_\_\_\_
2. Civil Status : \_\_\_\_\_
3. Birthdate : \_\_\_\_\_
4. Philippine Address : \_\_\_\_\_
5. Mobile/WhatsApp/Viber No. : \_\_\_\_\_
6. Email Address : \_\_\_\_\_
7. Work/Position : \_\_\_\_\_
8. Monthly Salary : \_\_\_\_\_
9. Contract Duration : \_\_\_\_\_
10. Employer : \_\_\_\_\_
11. Worksite Address : \_\_\_\_\_
12. In Case of Emergency  
Contact Person : \_\_\_\_\_  
Relationship : \_\_\_\_\_  
Mobile/WhatsApp/Viber No. : \_\_\_\_\_  
Address : \_\_\_\_\_

I hereby certify that the foregoing information are true and correct.

\_\_\_\_\_  
Signature of Employee over Printed Name

Date Signed: \_\_\_\_\_